

A COMPREHENSIVE COMMUNITY ACTION PROGRAM FOR THE MENTALLY RETARDED

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Within the present decade the tragic and complex plight of the mentally retarded has been highlighted for the American conscience. The words of President John F. Kennedy in October, 1961 keynoted a national effort to assist the retarded and their families:

The manner in which our Nation cares for its citizens and conserves its manpower resources is more than an index to its concern for the less fortunate. It is a key to its future. Both wisdom and humanity dictate a deep interest in the physically handicapped, the mentally ill and the mentally retarded. Yet, although we have made considerable progress in the treatment of physical handicaps, although we have attacked on a broad front the problems of mental illness, although we have made great strides in the battle against disease, we as a nation have for too long postponed an intensive search for solutions to the problem of the mentally retarded. 1 /

** Though this program has been conceived for the mentally retarded it can easily be fitted to other handicapped individuals, e. g. cerebral palsy, deaf, blind, and certain types of the emotionally disturbed. It should be recalled that a significant percentage of handicapped individuals have mental retardation as a concomitant problem (e. g. approximately 70% of those affected by cerebral palsy are mentally retarded).*

1/John F. Kennedy, Address to Congress October, 1961.

In October of 1963 the Kennedy-Johnson administration impelled a national effort to help the retarded by sponsoring legislation which provided financial assistance to the states for comprehensive planning to combat mental retardation. This federally guided, state implemented planning activity was masterfully designed to initiate a full scale revision in the way the retarded are assisted. The philosophy from which this national effort derived has several important elements. This new philosophy calls for the retarded to be viewed as citizens deserving of the same rights granted to those without mental handicap. It suggests further that the majority of retardates are best served when integrated into the mainstream of American life rather than isolated or ignored by society. Implicit in the new philosophy is the idea that services for the retarded must be united into a comprehensive coordinated system into which are blended varying governmental, professional and private talents and resources.

Acceptance of these elements of the new philosophy, however, leave one some distance from the development and implementation of programs. The comprehensive planning effort initiated in 1963 went a long way towards educating an uninformed public, towards identifying specific problem areas in the states, and towards specifying needs and available resources. Great numbers of people participated in the planning and became committed to the task of ameliorating the problem of retardation. Still needed, however, are workable plans for providing coordinated, comprehensive services at the community level.

Our failure to develop coordinated, comprehensive community based plans is due in part to the fact that our resources in the past have not been used to help the majority of the mentally retarded. The problem is well stated by George Albee who emphasizes the need for a change in programming our resources for the retarded.

Unfortunately most . . . funds are not
being used to help the majority of

the retarded — those who are normally slow, not victims of inherited or acquired diseases. Instead money is being poured into costly bio-medical research centers and "treatment" clinics to help a minority — those who are retarded because of organic reasons, like injuries, trauma, infections, and biochemical imbalance.

The majority of the retarded need, not medical treatment, but rehabilitative training — so they can use their maximum potential. While every promising research lead should be pursued . . . a truly generous part of the new Federal funds ought to be invested in research aimed at helping the retarded lead lives as normal as possible. 2/

Mental retardation is a most serious and complex social problem. It is estimated that approximately 2-3% of the population can be classed as mentally retarded. Only heart disease, cancer, stroke and arthritis affect more Americans. The causes of retardation are many and complex. Some are genetic in origin; some can be traced to pre or post natal disease; a great many are sociocultural. Often a combination of socio-cultural and organic factors interact to produce retardation.

The retarded are not a homogeneous group. The majority (approximately 75%) are considered "mildly" retarded. These are individuals whose I.Q. ranged from 50-75. Many cases in this category are not diagnosed until the child begins a formal school program. The mildly retarded often complete many years of formal schooling, hold jobs, marry

2/George Albee, "Needed a Revolution in Caring for the Retarded", in *Transaction*, January-February 1968, p. 37.

and assume family obligations. An additional 20% of the retarded are considered "moderately" handicapped. These have I.Q.'s ranging from 25-50. They can, in many cases, achieve 1-3 years of formal schooling. Many can work in "sheltered" environments, and at least in part care for themselves. A relatively small proportion of the retarded (less than 5%) are "severely or profoundly" retarded and require full-time institutional care. 3/

Our current conceptions about how to assist the retarded and their families have evolved over many years and are still undergoing change. A wide range of services are considered essential. Many communities and states provide diagnostic, preventive, educational, rehabilitative, institutional, family counseling, employment and legal services. However, several problems remain elusive of solution. What is the desirable mix of services for each category of retarded? How are these services which are presently provided by state and local government and citizen (private) effort to be coordinated into a unified system in order to provide adequate, continual care? What is the modern role of the often criticized, overburdened state institution? A resolution of these issues is suggested in the plan presented below.

Several factors are prerequisites to the development of the program described herein. The first factor concerns the function of the state school and hospital. These institutions can change from their traditional, isolated, and mainly custodial type role to that of being more community-oriented. This may

3/Many classifications of the level of retardation have been developed. The system described is an "institutional categorization." Another commonly used classification, suggested by Rick Heber, designates five (5) levels of retardation of which Levels II, III, and IV closely approximate the "institutional classification". Thus Level II (Mild, I.Q. 52 to 67); Level III (Moderate, I.Q. 36 to 51); Level IV (Severe, I.Q. 20 to 35) are the ones with which we are concerned. Rick Heber A Manual on Terminology and Classification (Monograph Supplement to American Journal of Mental Deficiency, Second Edition, 1961.

seem paradoxical in view of the fact that the institution will continue to be responsible for the care of the most unfortunate and seriously retarded. Yet even this burdensome responsibility will have its positive aspects. The institution will offer a fine training site for the acquisition of expertise in the management of the dependent retardate. Equipped with this knowledge the community will be more competent to make arrangements to take care of those retardates who formerly were sent to the institution for life.

A second factor is that due recognition is being placed on the competency of the retardate to help in the care of less fortunate individuals. His training will be offered at the institution (or other appropriate training center), but his skills will be used in the community. In the majority of instances even the moderately retarded (I.Q.'s between 25 and 50) will become a contributing member of the society in which he lives. In this connection professionals in the Bureau of Vocational Rehabilitation must be concerned a great deal more with the potential of the moderately retarded. Having had little experience in this area, they will have to become more familiar with what the retardate does in a state institution.

A third factor relates to the new responsibilities which the Association for Retarded Children will assume in assisting retardates and their families. Under the plan outlined below important coordinative, service and advocacy functions will be delegated to local chapters of the ARC. In addition to the contribution of the ARC, active professional help will come from the university as well as governmental and community agencies.

A final factor is the recognition that the problems of the retarded can best be handled at the community level. This will mean the establishment of home-like units for those retardates whose family structure has crumbled, rather than confining them in a state school and hospital as in the past — a solution which has been detrimental to the growth and development of the mentally retarded and, at the

same time, overloaded the institution so that its efficiency was impaired seriously.

The above factors provide the architectural foundations for establishing the comprehensive mental retardation plan described below.

RELEVANT RESEARCH

Research conducted with retardates has demonstrated that the mentally retarded can adequately perform many occupational roles. One research effort which is of particular relevance to the plan specified below was conducted at the Polk State School and Hospital. 4/ This research demonstrated that retardates could contribute significantly to the operation of the institution. Work accomplished by retardates involved patient care, housekeeping activities, and farm, carpenter shop, dairy, laundry, and hospital duties. Almost 50% of the patient population (1,484 of 3,016) served either as part time or full time patient aids, and in this role helped care for other retardates. Of these 57.9% were from the trainable group. Approximately 85% (438 of 513) of the mildly retarded worked as aids. This task proved a most rewarding experience for the retardates. In caring for other handicapped individuals they increased their feelings of self esteem and their understanding of their personal condition.

The research effort involved an evaluation of the retardate's competence in his work assignment. Total work done each week by the moderately retarded which was rated "Good or Excellent" was 11,505 hours or 22.8 percent of all work done by all aides. An additional 13,933 hours of work per week accomplished by the moderately retarded were rated as "Fair". Thus, 50.4 percent of all work performed

4/Sidney Kaplan "The Growing Importance of the Trainable in an Institutional Setting", *American Journal of Mental Deficiency*, Vol. 66, No. 3, November, 1961, pp. 393-398.

by the moderately retarded was rated as "Fair, Good, or Excellent." 5/ From this investigation three basic principles evolved:

- (1) One of the roles of a state institution is to serve as a sheltered workshop and training center.
- (2) The mildly and moderately retarded develop most fully when they contribute to the society in which they live. Successful accomplishments of many tasks, (e.g. caring for others who are handicapped) contributes significantly to the development of feelings of self worth, inner strength and self understanding.
- (3) The retardate can significantly contribute to the functioning of the society in which he lives.

OPERATION OF THE PROGRAM IN THE COMMUNITY

The plan outlined in this report builds upon our current knowledge of the contribution retardates can make to society and certain principles of human growth and development. The primary purposes of the plan are:

- (1) To suggest a method for developing a coordinated community-based system of services for the mentally retarded which will effectively provide for the integration of the retarded into their home community.
- (2) To outline a new role for the state institution which will drastically change the character of the institution.
- (3) To demonstrate the developmental po-

5/The classification used in this study is an "institutional categorization". The moderate retardates who participated in the study include a number of those who would fall into Level IV ("Severe") under the Rick Heber classification.

tential of the mentally retarded and the significant contribution they can make to the community.

This plan views the residential institution for the retarded as a workshop and training center through which retardates are rotated for vocational training and counseling. Though we emphasize the role of the institution, other vocational training centers such as Goodwill Industries, Vocational Rehabilitation Center, etc. may also be used if they service a particular community.

In this plan the operation of the residential institution (or other training center) is linked to a complete array of community based services. Those institutions which have developed half-way home and foster home programs would have these integrated into the master plan. Mildly and moderately retarded individuals would, after spending a varying period of time in the residential institution be returned to their home community. Those coming from stable home situations would return to their families. Employment, counseling and other services would be available for them. Retardates who, for various reasons, might not be able to return to their homes could reside in their home communities in haven homes.

Special education programs will continue to serve the school aged retardate; however integration with the vocational training center would occur for retardates ready to spend one-half day at each facility. Those older retardates not now in special education would go directly to the vocational training center.

Two kinds of haven homes are envisioned.

HAVEN HOME A. This home would be located within approximately 25 miles of the institution and serve as a home for two categories of retardates. The first classification would be those who have been trained at the institution to perform some useful task(s) relating to one or more of the following areas: home maintenance, community service, or industrial workshop. These retardates, ten in number, would be in their late teens or older and have

been culled from broken or unstable homes. Since stability in their life pattern is so essential, Haven Home A and surrogate houseparents would be set up to provide the necessary stability. According to their learned skills they would either perform household chores, work in the community, or in an industrial workshop. Thus, a stable home-like setting is offered wherein the individual may perform household duties successfully under the supervision of the houseparents (and without the pressures of competition) or work away from the home at one of two levels of competitive employment — the sheltered industrial workshop or community service job.

The second classification of retardate would consist of those who have been brought from homes that are beyond one hour's drive of the institution to live within Haven Home A while they attend the institution as day students while learning to perform some task(s) well. Each one (five in all) would come from a home anywhere in the state that is emotionally and economically stable and would possess parents who desire to keep their son or daughter at home after he has received his vocational training. The task(s) each learns would relate to either home living, community sheltered workshop participation, or community job performance. While at the institution, other aspects of community living would be stressed such as social behavior, grooming, safety, etc. As soon as each one is considered ready to be released from training, he would return to his own stable home in the distant community and perform in one or more of the following settings: Haven Home B (see next section), sheltered workshop, or community service job. A main feature is that this trained retardate lives within his own home but performs his work in one or more of the previously mentioned areas. The houseparents 6/ of Haven

6/Essentially these would junction much as they do in units of state hospitals for retardates where a husband and wife team are in charge of cottage daily activities. Their training would be obtained at the institution and involve being instructed in the following areas of work:

<i>Total Care Unit</i>	<i>- 1 month</i>
<i>Handicapped Male or Female Unit</i>	<i>• 1 month</i>
<i>Working Male or Female Unit</i>	<i>-1 month</i>
<i>Dietary Kitchen</i>	<i>- 1 month</i>

Home A would have been screened and then trained at the institution to manage a home of this kind properly. (See Chart 1)

HAVEN HOME B. Haven Home B would be set up to serve the needs of parents who require relief from the day to day caring for their mentally retarded child. This child would be the kind who needs a great deal of attention throughout the day. The location of this home would depend upon a community's need for the services to be described next.

There would be three categories of residents served. Each of the following three cases illustrates a category. M. W. age 3½ female, spastic quadriplegic, functions at a moderate level of retardation and requires total care throughout the day. Her three sibs, aged 6 1/2, 10, and 12, attend grade school and are good students. However, her mother recognizes the fact that not enough of her time is being spent with her normal children. She harbors feelings of guilt and self-recrimination. The father holds a steady job and the family income is adequate; however, he is not much help with M. W. since mother insists that only she knows exactly how to fulfill her child's multiple needs. There has been no counseling given to these parents except on matters concerning cerebral palsy. The parents are ambivalent about institutionalizing this child.

This child could be brought into Haven Home B for five days a week and return to her own home on the weekends. This would permit the family, especially mother, to live a nearly normal life for the greater portion of each week. The mother could obtain counseling services that would be provided by professionals assigned to the Haven Home B. This counseling would focus on her need to spend more time with the other children and husband as well as work towards a reduction or elimination of her guilt feelings. Since Haven Home B would be very close to M.W.'s own home, mother would be asked to come in for counseling or as a volunteer whenever she wished. (See Chart 2; this case would be one of the eight represented by P 1-8).

The second category, represented by case S. L. would come into Haven Home B on weekends.

S. L.'s family can take care of him without causing unusual strains upon the family. He is 12 years old, ambulatory, and can feed himself fairly well. Seizures have been a problem and this, in addition to his expressive aphasia, have been reasons for S. L. **not** attending special education classes. His I. Q. on the Columbia Mental Maturity Scale at chronological age 7 years was 32. The parents have a married daughter. S. L. is their only other child. They have a sincere desire to have him at home but would like weekend assistance. (Chart 2 - W 11-18).

The last category is represented on Chart 2 as E (9 and 10). T. R. well illustrates this category. His family functions adequately but the mother has been told that she must have a gynecological operation and a substantial recuperative period post-operatively. How to take care of this 15 year old daughter while this is going on has been the real problem. The father will need to continue working to meet the added expenses and there are no relatives who will take T. R. into their home. The other sibs are too young to assume such a responsibility. T. R., though severely retarded, is ambulatory and with some help can do a great deal for herself. She will be admitted to Haven Home B on a seven day week basis for the duration of the crisis period.

Thus Haven Home B will have on any one day ten retardates who will need partial to complete care and five retardate aides who will help take care of them under the supervision of houseparents. Because a rotation system will be in effect, during any one week eighteen families will be given much needed help in caring for their mentally retarded children. If it is arranged so that this type of relief is offered every other week instead of every week then on the alternate weeks sixteen other families can be served.

In two weeks time thirty-four families receive the benefits of this arrangement. Naturally, when the residents in the third category return home after the crisis situation has abated, their positions would be filled by others. This latter type of rotational system, while occurring at longer intervals, represents a much needed service. Experience has

proven that during a crisis situation help is desperately sought and usually is unavailable.

Besides the houseparents, mention was made of the help that five retardate aides would provide. They would have received their training at the institution in patient care and/or household chores. Some would return to live in their own stable home after training and work at Haven Home B. Others, whose home conditions are unstable, would live and work in Haven Home B permanently, and could also be active in a sheltered workshop or at a community service job for a portion of the day. Refer to chart 3 for a graphic presentation of how the component parts are integrated and function.

CHART 1

HAVEN HOME "A" AS IT RELATES TO COMMUNITY COMPONENTS

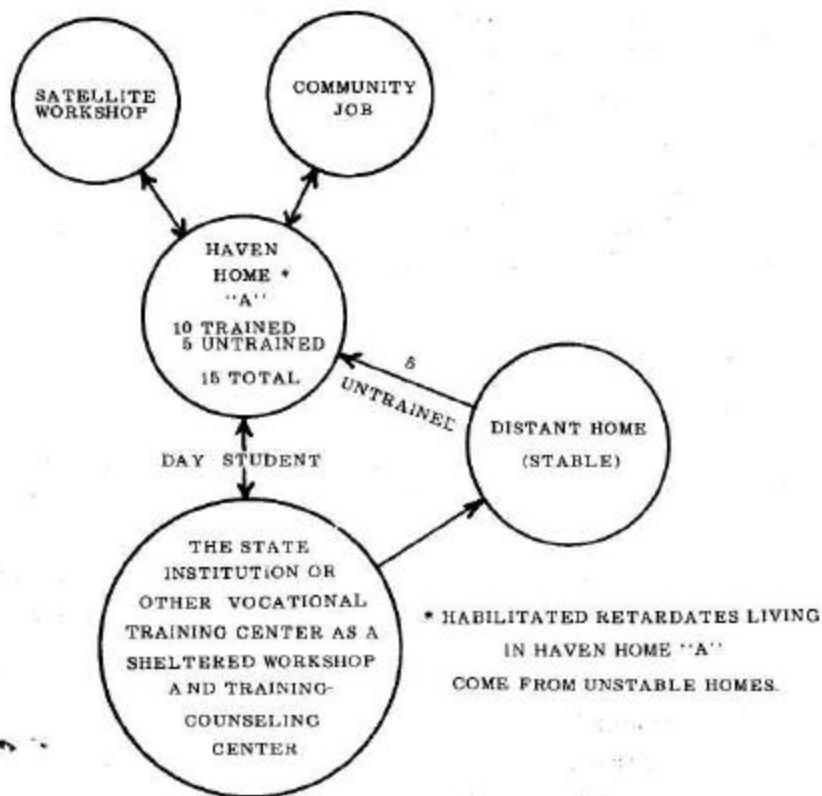
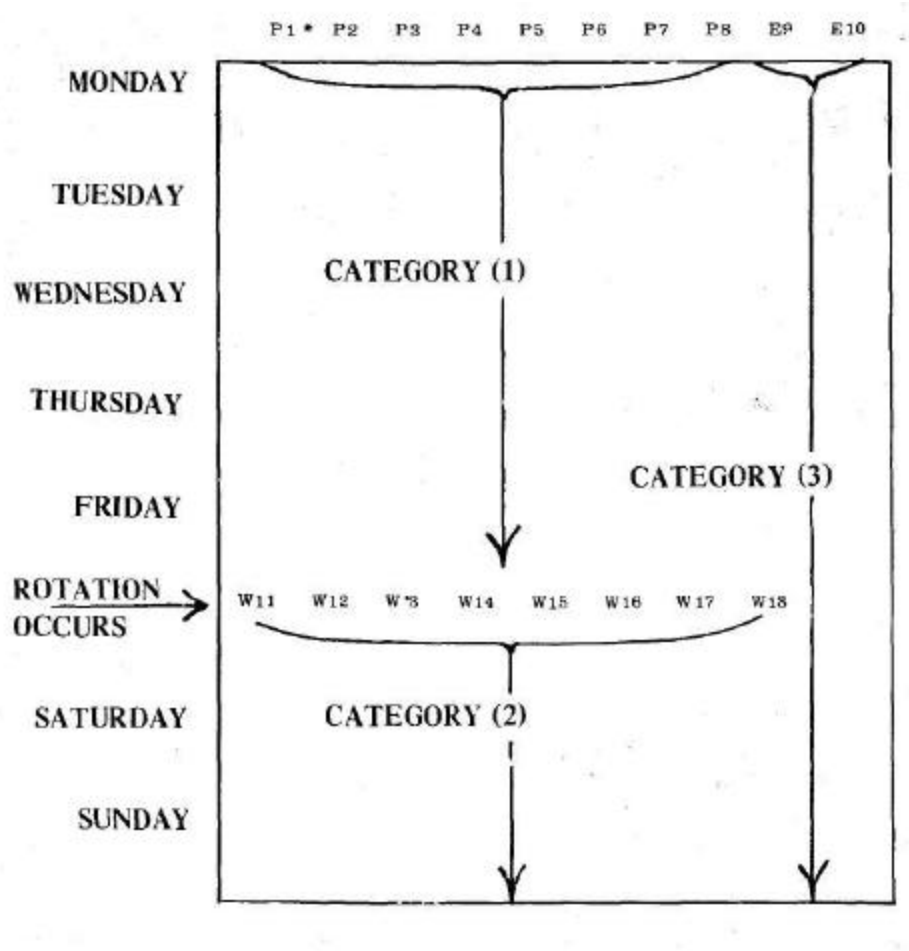


CHART 2 ROTATIONAL
PLAN FOR HAVEN HOME B



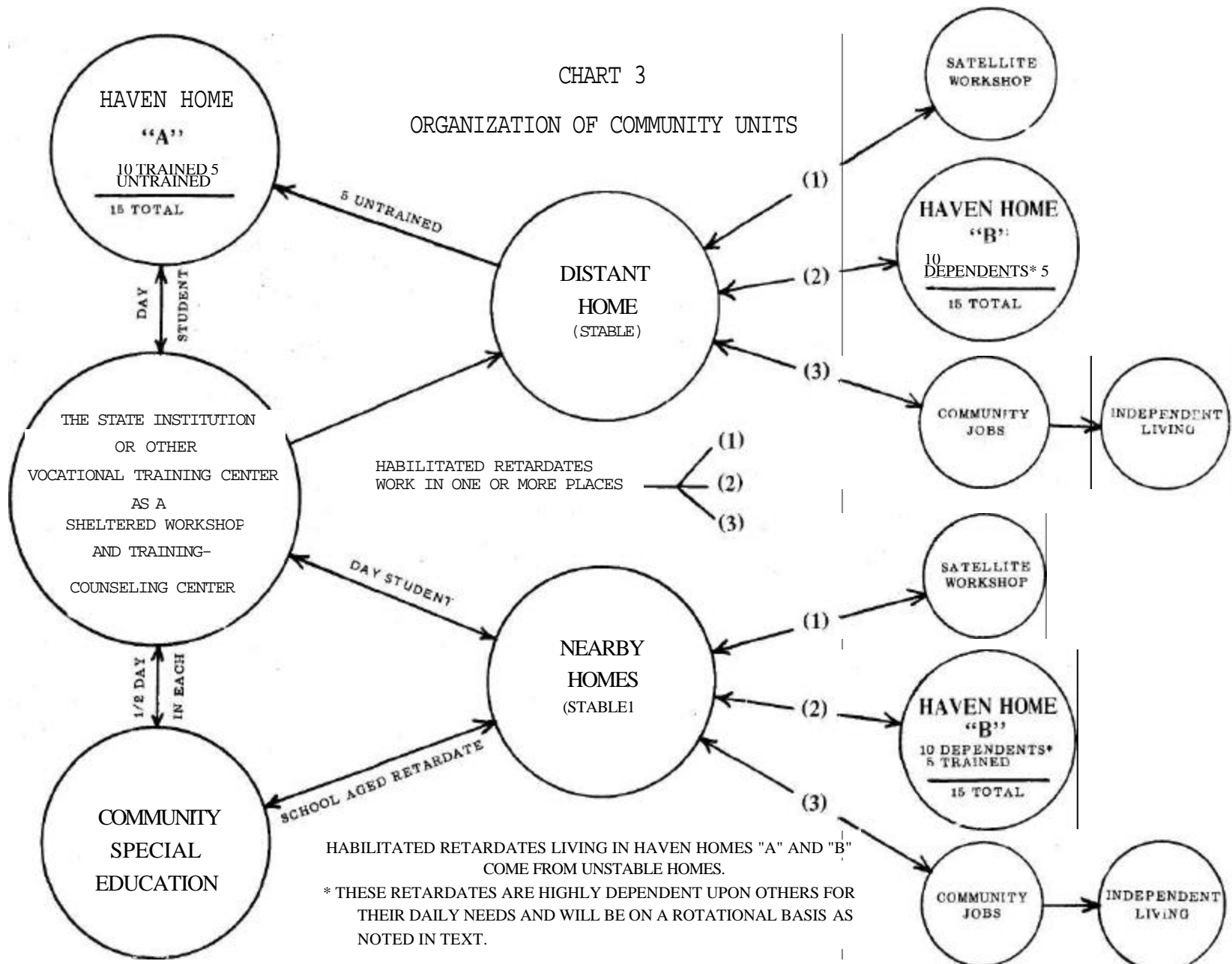
* NUMBER OF FAMILIES INVOLVED

(1) 5 DAY STAY, HOME FOR WEEKEND

(2) WEEKEND STAY ONLY

(3) FULL WEEK STAY WHILE CRISIS EXISTS AT HOME

CHART 3
ORGANIZATION OF COMMUNITY UNITS



PROGRAMS AND PROFESSIONALS RELATED TO THE HAVEN HOMES

The two Haven Homes would differ in the services offered their residents. Since Haven Home A would have residents either trained or capable of being trained to be partially or totally self-supporting in supervised or competitive employment, professionals assigned to it would be concerned with programs that would:

- (1) Counsel, either individually or in groups
- (2) Provide guidance in the constructive use of leisure time
- (3) Instruct in arts and crafts
- (4) Integrate residents into community religious programs
- (5) Integrate residents into community recreational programs.

These are representative suggestions of transitional programs necessary for these young adults. Professionals that would be involved with the programs in these homes might include a psychiatric social worker, an arts and crafts instructor, a therapeutic recreation worker, and a chaplain.

On the other hand Haven B would emphasize programs that would be beneficial to residents that are in need of a great deal of care. Thus, the physical therapist, occupational therapist, therapeutic recreational worker, speech therapist, psychiatric social worker, pediatrician, and orthopedist would be involved in programs of these homes that would be designed to:

- (1) Maintain growth and development at optimal levels
- (2) Develop basic skills to the maximum
- (3) Develop speech or non-verbal means of communication
- (4) Counsel with parents concerning the multi-faceted problems of their child so that understanding of them will provide the basis for proper, mature handling of family difficulties.

Professionals would be drawn from existing organizations, graduate students needing practicum

experience, and volunteers with professional training in these disciplines. Part-time, as well as full-time positions, would be filled according to the needs of the retardates and the professional resources available. The number of homes serviced by each professional discipline would vary according to the needs related to that discipline.

Once the initially habilitated retardates go **into Haven** Homes A and B, the operation at the community level would be fully engaged. At this time Haven Home A would add untrained retardates and Haven Home B would add those retardates who require considerable assistance to meet their daily needs. The institution, however, would be ready to train as Day students the previously mentioned untrained retardates and additional retardates coming from distant or nearby stable homes. In all the areas where trained retardates work they would be paid for their services according to productivity level, and in accordance with minimal pay by law. Those residing permanently in either Haven Home A or B, because they have inadequate homes of their own, would pay room and board according to income level. Money will be set aside for recreative purposes and savings.

By keeping the retardate in his home community, family ties may be maintained and adjustment to the home-like atmosphere in the Haven Home will be accomplished with a minimum of emotional upset for the retardate as well as members of his family. At the same time the habilitated retardate working in Haven Home B will have an opportunity to love and give care to those less fortunate than himself and thereby experience a greater depth in personality and emotional growth, than is commonly achieved among mentally retarded persons.

The Haven Homes could be funded through several means. Among the sources of funding suggested are: 1) Room and board from permanent residents of Haven Homes; 2) fees from parents of retardates, according to ability to pay; 3) gifts-estates; 4) contributions from such organizations as Association for Retarded Children, Cerebral Palsy, Crippled Children; United Fund or Community Chest; 5) Private foundations; 6) Federal-State Funds issued

through such agencies as Department of Public Welfare, Department of Public Health, Department of Public Instruction, Bureau of Vocational Rehabilitation. (E.g. Medicare, Medicaid, Aid to Permanently and Totally Disabled).

ROLE OF COMMUNITY MENTAL RETARDATION COORDINATOR

If the plan described above is to function smoothly within a community a skillful person must coordinate the many units and aspects of its operation. One of the greatest failures in the provision of services to the retarded has been the inability to devise effective mechanisms for coordinating the varied service agencies and programs at the federal, state and local levels. The concept of "continuum of care" has seemed an unattainable ideal.

The community coordinator could have formal training in any one of a number of areas; however, the formal training is much less important than the persuasive and administrative abilities required to initiate and tie together the various aspects of the plan.

The formal unit to which the community coordinator is attached can vary, depending upon the local situation. In communities where Mental Health-Mental Retardation Boards exist, these would be the most likely sponsors for the coordinator. Where such boards do not exist, representatives from all agencies representing interests of the retarded and his family should be molded into a planning council which would sponsor the planning coordinator.

The community coordinator will work closely with professionals and interested citizens within the community to establish the plan. Some of the specific tasks which the coordinator's office could assume are:

1. Initial contacts with families of the retarded.
2. Recruiting competent houseparents.
3. Supervising the Haven Home operation.
4. Securing, training, and scheduling volunteers.

5. Establishing effective communication with agencies and news media.
6. Continual contact with all agencies and organizations involved to assure coordination of effort.
7. Maintaining counseling services for families of retardates.
8. Dealing with legal and financial problems pertaining to the retardate. 7/

OTHER COMMUNITY UNITS.

One integral part of the operation of the plan would be the use of community volunteers who would fall into two general classifications:

1. Certain agencies, organizations and businesses might contribute services, materials, and facilities and cooperate with job placement.
2. Individuals living in their own communities who might devote their special talents and time to the training of retardates. This group would receive instruction in the supervision and training of the retardate population prior to actively participating in such a role. Some might be able to contribute to the program in other ways such as in the areas of transportation, clerical assistance, recreation, and public relations.

Many organizations are expected to participate in the operation of the plan. For illustrative purposes a few will be mentioned. Special education would continue its concern with the initial academic preparation of the retardate. Upon completion of the special education program the retardate would enter into a vocational training unit. Close coordination between the special education and vocational training units is required to assure proper transition between the two programs. Vocational

7/These functions will require help from an attorney familiar with the field of the handicapped and someone skilled in finance and accounting.

Rehabilitation Units, State Institutions and Goodwill Industries are suggested sources of vocational training.

The local Health Department can provide medical services through its public health nursing and chronic illness programs. In addition the health department could become involved in counseling, case finding and the establishment and monitoring of certain aspects of the Haven Home operation.

The University may provide professional consultation and become involved in training programs and evaluative research.

The local chapter of the Association for Retarded Children could perform both advocacy and service functions. In its advocacy role the local association could impel the community to establish the position of community mental retardation coordinator and could assist the coordinator in involving appropriate agencies and individuals. An additional highly important role for the Association for Retarded Children would be to provide nursery and pre-school classes for retardates between the ages of 3 1/2 and 8 since in most communities these children are not being served. The local chapter could continue to provide or sponsor sheltered work environments if these are not provided elsewhere.

ORGANIZATION AT THE STATE LEVEL

Since the plan requires the cooperation of a number of state agencies it is imperative that an effective mechanism be developed for coordinating the activities of these agencies. Each state agency which provides services to the retarded should have one individual responsible for programming for the retarded. These agency representatives would form a state level mental retardation council. The council members would participate in the design and implementation of programs for the retarded. In addition they would inform their local branches about programs for the retarded and impel coordination at the state and local levels. Although many states have such councils they are in most cases not as effective

as might be hoped.

Several devices are suggested to improve the effectiveness of the state level mental retardation council. The State Association for Retarded Children and the Governor's office should be represented on the council. The chairmanship should rotate in order to assure active involvement of all council members. The council should function within the executive branch of state government. It should have some influence upon the budgetary decisions of the agencies which provide services to the retarded. The council should also have the power to shift programs among agencies and to effect the establishment of new programs within governmental agencies as part of a continuing planning process. 8/

WHAT ARE THE WIDER IMPLICATIONS OF THIS PROJECT?

Many a family has had its unity irreparably damaged and its structure shaken to its foundation as a result of the chronic strain caused by caring for a retardate in the home. It is no wonder, therefore, that one finds multiple problems in these homes necessitating the assistance of more than one agency and professional. The plan outlined in this report counters this dilemma effectively so that agencies can cope with the problems resulting from strained relationships in these homes. These are difficult to handle as long as the retardate remains in the home. Thus, in this project not only will the retardate be helped but the family and service agencies as well.

Second, the state institution that has been plagued by a long waiting list and overcrowded con-

8/See for example: The Undeveloped Resource, A Plan For the Mentally Retarded in California, Study Commission on Mental Retardation, Sacramento, California, January, 1965, pp. 82-83. The California plan incorporates many of our proposals and in addition suggests that the state council have funds which could be used to purchase services for mentally retarded persons.

ditions will be able to find relief as a result of this project. It will then be in a position to plan an active role in the training phase of the retardate — a role it is singularly competent to do.

Third, the retardate is maintained in the community near his home. If the home is unstable the retardate finds stability in Haven Homes A or B. If the retardate comes from a stable home and has accepting parents, he would remain there as long as possible. The long range policy, therefore, would be to maintain or acquire home stability for each retardate and prevent him from being institutionalized permanently.

Fourth, the retardate may contribute some money to the family's budget and may be, in some cases, the most effective bread winner in the family constellation. Recent developments concerning The Neighborhood Youth Corps would indicate that the earner keeps for himself a significant portion of his earnings while Department of Public Assistance continues to support the family, if necessary.

Fifth, the habilitated retardate who cannot do competitive work is called upon to do work which he is qualified to perform and which contributes to his mental and emotional development. In addition since he will receive compensation for his work he can:

1. Contribute to the family budget
2. Pay his own room and board
3. Build social security benefits
4. Enjoy as near normal social living as possible
5. Save money for future needs.

Sixth, the Association for Retarded Children becomes a vital cog in the management of retardates. The project requires that this agency work jointly with the state institution for the mutual benefit of each.

Finally, services for the retardate are conceived of in a comprehensive, coordinated fashion. A broad-range of professionals and agencies are related and a strong mechanism for coordination is provided.

SUMMARY

A comprehensive mental retardation plan has been presented which embraces the concept that the retardate's best interests are met when he remains in a stable, home-like community setting. It ensures that he will enjoy throughout his life a milieu which offers the greatest impetus for achieving his highest level of performance and realization of self-dignity. At the core of the plan is the provision of haven homes (A & B) which provide services in many ways unique from the present thinking on group or boarding homes and which complement one another in servicing all retardates. Three factors have been mentioned which are necessary for the success of the plan. These are 1) reorientation of institutional policies in order to provide greater services to the community; 2) maximal development of a retardate's performance potential so that he may be employed gainfully in one or more of the following areas — housekeeping, care of retardates under supervision, community job, or industrial workshop; and 3) new directions and responsibilities for agencies already serving the retardate. Also essential to the successful operation of the plan is the mechanism for coordinating both state and local agencies as well as public and private interests. Important advantages resulting from the inauguration of the entire plan is the elimination of institutional waiting lists and reduction in the caseload of overworked community family and children agencies. Of paramount interest is that the plan can be initiated in any section of the country.

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